

	Type	L #	Hits	Search Text	DBs	Time Stamp	Comments	Error Definition	Errors
1	BRS	L1	2	"6623742".pn.	US-PGPUB; USPAT; EPO; JPO; DERWENT	2005/08/18 07:02			
2	BRS	L2	2478	fibromyalgia	US-PGPUB; USPAT; EPO; JPO; DERWENT	2005/08/18 09:16			
3	BRS	L3	1438	botulinum adj (toxin or neurotoxin)	US-PGPUB; USPAT; EPO; JPO; DERWENT	2005/08/18 09:16			
4	BRS	L4	20	2 same 3	US-PGPUB; USPAT; EPO; JPO; DERWENT	2005/08/18 09:26			
5	BRS	L5	1921083	local\$ or peripheral	US-PGPUB; USPAT; EPO; JPO; DERWENT	2005/08/18 09:26			
6	BRS	L6	13	4 same 5	US-PGPUB; USPAT; EPO; JPO; DERWENT	2005/08/18 09:27			
7	BRS	L7	16	voet adj martin. in.	US-PGPUB; USPAT; EPO; JPO; DERWENT	2005/08/18 09:27			
8	BRS	L8	3	7 and 2	US-PGPUB; USPAT; EPO; JPO; DERWENT	2005/08/18 09:27			

FILE 'MEDLINE' ENTERED AT 09:30:09 ON 18 AUG 2005

FILE 'CAPLUS' ENTERED AT 09:30:09 ON 18 AUG 2005

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FILE 'SCISEARCH' ENTERED AT 09:30:09 ON 18 AUG 2005

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FILE 'AGRICOLA' ENTERED AT 09:30:09 ON 18 AUG 2005

=> s botulinum (w) (toxin or neurotoxin)

L1 27940 BOTULINUM (W) (TOXIN OR NEUROTOXIN)

=> s fibromyalgia

L2 15084 FIBROMYALGIA

=> s l1 (P) l2

L3 28 L1 (P) L2

=> duplicate remove l3

DUPLICATE PREFERENCE IS 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH'

KEEP DUPLICATES FROM MORE THAN ONE FILE? Y/(N):n

PROCESSING COMPLETED FOR L3

L4 19 DUPLICATE REMOVE L3 (9 DUPLICATES REMOVED)

=> d l4 1-19 ibib abs

L4 ANSWER 1 OF 19 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2004:267167 CAPLUS

DOCUMENT NUMBER: 140:247095

TITLE: ***Botulinum*** ***toxin*** therapy for
fibromyalgia

INVENTOR(S): Voet, Martin A.

PATENT ASSIGNEE(S): Allergan, Inc., USA

SOURCE: U.S. Pat. Appl. Publ., 16 pp., Cont.-in-part of U.S.
Ser. No. 954,610.

CODEN: USXXCO

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 2

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2004062776	A1	20040401	US 2003-666408	20030918
US 2003054975	A1	20030320	US 2001-954610	20010917
US 6623742	B2	20030923		

PRIORITY APPLN. INFO.: US 2001-954610 A2 20010917

AB Methods are disclosed for the treatment of ***fibromyalgia*** by
administration of a therapeutically effective amt. of a ***botulinum***
toxin to a patient with ***fibromyalgia***.

L4 ANSWER 2 OF 19 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on
STN

ACCESSION NUMBER: 2004:824205 SCISEARCH

THE GENUINE ARTICLE: 852NE

TITLE: Is ***botulinum*** ***toxin*** useful in the
treatment of patients with ***fibromyalgia*** ?

AUTHOR: Eberhardt B

SOURCE: JOURNAL OF NEUROLOGY, (FEB 2004) Vol. 251, Supp. [1], pp.
41-41.

ISSN: 0340-5354.

PUBLISHER: DR DIETRICH STEINKOPFF VERLAG, PO BOX 10 04 62, D-64204
DARMSTADT, GERMANY.
DOCUMENT TYPE: Conference; Journal
LANGUAGE: English
REFERENCE COUNT: 0
ENTRY DATE: Entered STN: 8 Oct 2004
Last Updated on STN: 8 Oct 2004

L4 ANSWER 3 OF 19 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2003:222323 CAPLUS
DOCUMENT NUMBER: 138:231770
TITLE: Methods for treating fibromyalgia with Clostridial
toxin
INVENTOR(S): Voet, Martin A.
PATENT ASSIGNEE(S): Allergan Sales, Inc., USA
SOURCE: U.S. Pat. Appl. Publ., 16 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2003054975	A1	20030320	US 2001-954610	20010917
US 6623742	B2	20030923		
US 2004062776	A1	20040401	US 2003-666408	20030918

PRIORITY APPLN. INFO.: US 2001-954610 A2 20010917
AB Methods for treating ***fibromyalgia*** may include administering a
therapeutically effective amt. of a Clostridial toxin to a peripheral
location on the body of a patient. This peripheral location is other than
the site on the body where the pain emanates. Patients were treated by
i.m. or s.c. injection of ***botulinum*** ***toxin*** type A into
regions near the tender points.

L4 ANSWER 4 OF 19 MEDLINE on STN DUPLICATE 1

ACCESSION NUMBER: 2003571895 MEDLINE
DOCUMENT NUMBER: PubMed ID: 14648320
TITLE: [Use of botulinum toxin the the treatment of muscle pain].
Der Einsatz von Botulinumtoxin in der Therapie von
Muskelschmerzen.
AUTHOR: Benecke R; Dressler D; Kunesch E; Probst T
CORPORATE SOURCE: Klinik fur Neurologie und Poliklinik, Universitat Rostock..
reiner.benecke@med.uni-rostock.de
SOURCE: Schmerz (Berlin, Germany), (2003 Dec) 17 (6) 450-8. Ref:
71
Journal code: 8906258. ISSN: 0932-433X.
PUB. COUNTRY: Germany: Germany, Federal Republic of
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200402
ENTRY DATE: Entered STN: 20031216
Last Updated on STN: 20040211
Entered Medline: 20040210

AB The analgesic effects of ***botulinum*** ***toxin*** (BTX) have
been discussed controversially due to substantial placebo effects and
flaws in the study designs used. Additionally, pathophysiological
concepts of pain and the specific analgesic mechanisms of BTX remain
largely unclear. Apart from pain reduction through the well-documented
effects of BTX at the neuromuscular endplate, additional analgesic
mechanisms, including other synaptic and local effects, have been
suggested. Currently, BTX can be recommended for pain treatment in
dystonia and spasticity. In myofascial pain syndromes, pain relief by BTX
injections has been reported, but definite proof according to
evidence-based medicinal criteria is still lacking. In
fibromyalgia, there seems to be no analgesic effect. The role of
BTX in pain therapy is likely to increase in the future.

L4 ANSWER 5 OF 19 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
DUPLICATE 2

ACCESSION NUMBER: 2004:225845 BIOSIS
DOCUMENT NUMBER: PREV200400226666
TITLE: Clinical evaluation of ***Botulinum*** ***Toxin***
A in the treatment of pain in patients with
fibromyalgia
Original Title: Ocena kliniczna iniekcji toksyny
botulinowej typu A w leczeniu bolu przewleklego w
fibromialgii..
AUTHOR(S): Szczepanska-Szerej, Anna [Reprint Author]; Stepniak, Cezary
[Reprint Author]; Szczepanski, Leszek [Reprint Author]
CORPORATE SOURCE: Katedra i Klinika Neurologii, AM w Lublinie, SPSK Nr 4, ul.
K. Jaczewskiego 8, 20-954, Lublin, Poland
SOURCE: Reumatologia (Warsaw), (2003) Vol. 41, No. 4, pp. 335-340.
print.
CODEN: RMTOA2. ISSN: 0034-6233.
DOCUMENT TYPE: Article
LANGUAGE: Polish
ENTRY DATE: Entered STN: 21 Apr 2004
Last Updated on STN: 21 Apr 2004

AB Many clinical trials of the treatment of ***fibromyalgia*** with
pharmacological compounds of different properties were done. No
pharmacological agent appeared to be undoubtedly efficacious. Recently
positive effects of the multifocal intramuscular injections of
Botulinum ***Toxin*** A (BTXA) were reported. The aim of our
study was to assess the safety and efficacy of proposed treatment. The
randomized, double-blind clinical trial was performed in 18 cases of
long-standing ***fibromyalgia***. After the injections of BTXA the
pain was markedly reduced in 3 cases in comparison to 1 case treated by
placebo. Among 8 patients treated by placebo 6 was treated 3 months later
also by BTXA. Significant diminishing of the pain was noted in 2 cases of
this group. 4 patients claimed increasing pain in not treated regions. In
4 of 16 treated BTXA cases transient muscular weakness were noted. The
treatment was ineffective in some cases and could be followed by side
effects. Nevertheless, there is no doubt that in some cases of
fibromyalgia injections of BTXA can produce significant
longstanding analgesic effects. Further studies with selected cases of
fibromyalgia and different solutions of study drug seem to be
reasonable.

L4 ANSWER 6 OF 19 CAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER: 2002:595499 CAPLUS
DOCUMENT NUMBER: 137:145554
TITLE: Methods of administering botulinum toxin
INVENTOR(S): Walker, Patricia S.
PATENT ASSIGNEE(S): Allergan Sales, Inc., USA
SOURCE: U.S. Pat. Appl. Publ., 33 pp., Cont.-in-part of U. S.
Ser. No. 730,237.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002107199	A1	20020808	US 2002-51952	20020117
US 2002086036	A1	20020704	US 2000-730237	20001205
PRIORITY APPLN. INFO.:			US 2000-730237	A2 20001205

AB Methods for treating conditions in an animal or human subject are
disclosed. The conditions may be pain, skeletal muscle conditions, smooth
muscle conditions, glandular conditions and cosmetic conditions. The
methods comprise the step of administering a Clostridium neurotoxin
component or Clostridium neurotoxin component-encoding DNA to the subject
using a needleless syringe.

L4 ANSWER 7 OF 19 MEDLINE on STN

ACCESSION NUMBER: 2002654182 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12413405
TITLE: Botulinum toxin for the treatment of musculoskeletal pain

and spasm.
AUTHOR: Sheean Geoffrey
CORPORATE SOURCE: EMG and Neuromuscular Service, University of California,
San Diego, 200 West Arbor Drive, San Diego 92103-8465,
USA.. gsheean@ucsd.edu
SOURCE: Current pain and headache reports, (2002 Dec) 6 (6) 460-9.
Ref: 61
Journal code: 100970666. ISSN: 1531-3433.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200301
ENTRY DATE: Entered STN: 20021105
Last Updated on STN: 20030124
Entered Medline: 20030123

AB The impressive pain relief experienced by sufferers of dystonia and spasticity from intramuscular injections of ***botulinum***
toxin suggested that patients with other chronic, musculoskeletal pain conditions also may benefit. However, there have been relatively few placebo-controlled studies of ***botulinum*** ***toxin*** in such non-neurologic conditions as myofascial pain syndrome, chronic neck and low back pain, and ***fibromyalgia***; the results of these studies have not been impressive. One explanation for the lack of positive findings may be the lack of clinically evident muscle spasms (overactivity), despite the presence of muscle tenderness, tightness, or trigger points. Clinical observations of pain relief from injections of ***botulinum*** ***toxin*** for dystonia and spasticity and its apparent efficacy in treating migraine suggest an anti-nociceptive action independent of its neuromuscular junction-blocking action. Evidence from animal experiments supports this notion, and other data provide plausible physiologic mechanisms in the periphery and central nervous systems. These involve modulation of the activity of the neurotransmitters glutamate, substance P, calcitonin gene-related peptide, enkephalins, and others. However, even if ***botulinum*** ***toxin*** is firmly established as an analgesic, there is insufficient clinical evidence of its efficacy in treating non-neurologic, chronic, musculoskeletal pain conditions.

L4 ANSWER 8 OF 19 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
DUPLICATE 3

ACCESSION NUMBER: 2003:5676 BIOSIS
DOCUMENT NUMBER: PREV200300005676
TITLE: Botulinum toxine in the treatment of pain.
Original Title: Botulinumtoxin in der Schmerztherapie..
AUTHOR(S): Probst, T. [Reprint Author]; Dressler, D.; Benecke, R.;
Kunesch, E. [Reprint Author]
CORPORATE SOURCE: Klinik fuer Neurologie und Poliklinik, Universitaet
Rostock, Gehlsheimer Strasse 20, 18147, Rostock, Germany
thomas.probst@med.uni-rostock.de; erwin.kunesch@med.uni-
rostock.de
SOURCE: Aktuelle Neurologie, (Oktober 2002) Vol. 29, No. 8, pp.
389-401. print.
ISSN: 0302-4350.
DOCUMENT TYPE: Article
LANGUAGE: German
ENTRY DATE: Entered STN: 18 Dec 2002
Last Updated on STN: 18 Dec 2002

AB ***Botulinum*** ***toxin*** (BTX) has been used for more than 20 years to treat various muscle hyperactivity syndromes. Over the past years its use has expanded into the treatment of autonomic disorders and pain. Analgesic effects of BTX have been discussed controversially due to substantial placebo effects and flaws of the study designs used. Additionally, pathophysiological concepts of pain as well as specific analgesic mechanisms of BTX remain largely unclear. Apart from a pain reduction through the well documented BTX effects at the neuromuscular endplate, additional analgesic mechanisms including other synaptic and local effects have been suggested. Currently, BTX can be recommended for pain treatment in dystonia and spasticity as well as in analfissures and achalasia. In myofascial pain syndromes, migraine, tension-type headache

and other rare headache syndromes pain relief by BTX has been reported, but definite proof according to evidence based medicine criteria is still lacking. In ***fibromyalgia*** there seems to be no analgesic effect. The role of BTX in pain therapy is likely to increase in the future.

L4 ANSWER 9 OF 19 MEDLINE on STN DUPLICATE 4
ACCESSION NUMBER: 2003059617 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12569962
TITLE: Botulinum toxin in pain management of soft tissue syndromes.
AUTHOR: Smith Howard S; Audette Joseph; Royal Mike A
CORPORATE SOURCE: University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania 15213, USA.
SOURCE: Clinical journal of pain, (2002 Nov-Dec) 18 (6 Suppl) S147-54. Ref: 82
Journal code: 8507389. ISSN: 0749-8047.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200303
ENTRY DATE: Entered STN: 20030207
Last Updated on STN: 20030319
Entered Medline: 20030318

AB ***Botulinum*** ***toxin*** is approved for the treatment of muscle overactivity associated with several disorders, such as dystonias. However, control of muscle spasm often results in pain relief as well. Effective relief of pain associated with myofascial pain syndrome provides a model for the use of ***botulinum*** ***toxin*** to relieve pain associated with other types of soft-tissue syndromes, such as ***fibromyalgia***. Although the mechanisms that trigger the pain in these syndromes vary, recent data suggest that a central neuroplastic mechanism may contribute to many complex pain syndromes. ***Botulinum*** ***toxin*** therapy may be particularly useful in soft-tissue syndromes that are refractory to traditional treatment with physical therapy, electrical muscle stimulation, and other approaches. Although not used as first-line therapy for pain relief, ***botulinum*** ***toxin*** may decrease pain long enough for patients to resume more conservative therapy. A primary benefit of treatment with ***botulinum*** ***toxin*** is its long duration of action. Several studies have demonstrated the efficacy of ***botulinum*** ***toxin*** types A and B in treating several neuropathic pain disorders. Proper patient selection, injection technique, and dosing are critical to obtaining the best outcomes in managing pain with ***botulinum*** ***toxin***. Additional study is needed to better characterize its use for the treatment of pain.

L4 ANSWER 10 OF 19 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 2002:251895 SCISEARCH
THE GENUINE ARTICLE: 530FN
TITLE: Myofascial pain
AUTHOR: Borg-Stein J (Reprint); Simons D G
CORPORATE SOURCE: Spaulding Wellesley Rehabil Ctr, 65 Walnut St, Wellesley, MA 02481 USA (Reprint); Harvard Univ, Sch Med, Spaulding Rehabil Hosp, Dept Phys Med & Rehabil, Boston, MA USA; Emory Univ, Sch Med, Dept Rehabil Med, Atlanta, GA 30322 USA
COUNTRY OF AUTHOR: USA
SOURCE: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, (MAR 2002) Vol. 83, No. 3, Supp. [1], pp. S40-S47.
ISSN: 0003-9993.
PUBLISHER: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA.
DOCUMENT TYPE: General Review; Journal
LANGUAGE: English
REFERENCE COUNT: 100
ENTRY DATE: Entered STN: 5 Apr 2002
Last Updated on STN: 5 Apr 2002

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB Myofascial pain is defined as pain that originates from myofascial trigger points in skeletal muscle. It is prevalent in regional musculoskeletal pain syndromes, either alone or in combination with other pain generators. The appropriate evaluation and management of myofascial pain is an important part of musculoskeletal rehabilitation of regional axial and limb pain syndromes. This article reviews the current hypotheses regarding the pathophysiology of myofascial trigger points and muscle pain. A critical evidence-based review of the pharmacologic, nonpharmacologic, alternative medicine, and exercise treatments of myofascial pain is provided, as well as future research directions.

Overall Learning Objective: To review critically the state of the art knowledge of myofascial pain, including pathophysiology and comprehensive management. Areas of future research are identified.

L4 ANSWER 11 OF 19 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 2003:90015 BIOSIS
DOCUMENT NUMBER: PREV200300090015
TITLE: Treatment of Chronic Low Back Pain by Local Injection of Botulinum Toxin A.
AUTHOR(S): Subin, Bill [Reprint Author]; First, Georgia A. Morgan [Reprint Author]; Cork, Randall C. [Reprint Author]
CORPORATE SOURCE: Anesthesiology, LSU Health Sciences Center, Shreveport, LA, USA
SOURCE: Anesthesiology Abstracts of Scientific Papers Annual Meeting, (2002) No. 2000, pp. Abstract No. 771.
<http://www.asa-abstracts.com.cd-rom>.
Meeting Info.: 2000 Annual Meeting of the American Society of Anesthesiologists. San Francisco, CA, USA. October 16-18, 2000. American Society of Anesthesiologists Inc.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Feb 2003
Last Updated on STN: 12 Feb 2003

AB Introduction. Since the initial use of ***Botulinum*** ***Toxin*** A (BTA) in the treatment of strabismus 20 years ago, it has also been used to treat spasticity, cervical dystonia, spasmodic dystonia, writer's cramp, and tremor. 1-3 However, use of BTA in the treatment of ***fibromyalgia***, myofascial pain and chronic low back pain is still controversial. In order to clarify the effects of BTA on the low back pain secondary to myoneural syndrome and lumbar radiculitis, we studied its use in a group of chronic pain patients at LSU Health Sciences Center from 1998 to the present. Material and Methods. With IRB approval and following informed consent, nineteen patients diagnosed with myoneural syndrome and/or lumbar radiculitis were enrolled in this study and followed for 6-12 months. Data were collected using the following methods: Visual Analogue Scale (0-10), McGill-Melzack Pain Questionnaire, Oswestry Disability Questionnaire, Roland-Morris Disability Scale, and a muscle spasm score (0-4). Patients provided these data upon referral and then again either 1 month after treatment (BTA group) or within 1-12 months of referral (control group). An assessment of the range of the patient's range of motion was also done. Scales that use physical measures to quantify the effects of pain have certain criteria similar to those of self-reported scales. There were 10 patients in the control (non-treated) group. In the BTA group, 9 patients were treated with local injections of ***Botulinum*** ***Toxin*** A (BTX-A, Allergan Pharmaceuticals, Porton Products Pharmaceuticals, Ltd). Results. Comparison of the two sets of data for the control group demonstrated that, during the period between questionnaires, the natural progression of untreated chronic low back pain was generally to become worse. However, the patients treated with BTA showed an overall improvement (Table 1). Conclusions. Although the number of cases in this study is limited, it appears that the beneficial effect of BTA in the relaxation of muscle spasm associated with chronic low back pain leads to pain relief. Further investigation should be encouraged.

L4 ANSWER 12 OF 19 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2002402866 EMBASE

TITLE: Botulinum toxin in pain management of soft tissue syndromes.
AUTHOR: Smith H.S.; Audette J.; Royal M.A.
CORPORATE SOURCE: Dr. H.S. Smith, Univ. of Pittsburgh Sch. of Medicine, MUH-N463, 200 Lothrop St., Pittsburgh, PA 15213, United States
SOURCE: Clinical Journal of Pain, (2002) Vol. 18, No. 6 SUPPL., pp. S147-S154.
Refs: 83
ISSN: 0749-8047 CODEN: CJPAEU
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20021121
Last Updated on STN: 20021121

AB ***Botulinum*** ****toxin*** is approved for the treatment of muscle overactivity associated with several disorders, such as dystonias. However, control of muscle spasm often results in pain relief as well. Effective relief of pain associated with myofascial pain syndrome provides a model for the use of ***botulinum*** ****toxin*** to relieve pain associated with other types of soft-tissue syndromes, such as ***fibromyalgia***. Although the mechanisms that trigger the pain in these syndromes vary, recent data suggest that a central neuroplastic mechanism may contribute to many complex pain syndromes. ***Botulinum*** ****toxin*** therapy may be particularly useful in soft-tissue syndromes that are refractory to traditional treatment with physical therapy, electrical muscle stimulation, and other approaches. Although not used as first-line therapy for pain relief, ***botulinum*** ****toxin*** may decrease pain long enough for patients to resume more conservative therapy. A primary benefit of treatment with ***botulinum*** ****toxin*** is its long duration of action. Several studies have demonstrated the efficacy of ***botulinum*** ****toxin*** types A and B in treating several neuropathic pain disorders. Proper patient selection, injection technique, and dosing are critical to obtaining the best outcomes in managing pain with ***botulinum*** ****toxin***. Additional study is needed to better characterize its use for the treatment of pain.

L4 ANSWER 13 OF 19 MEDLINE on STN
ACCESSION NUMBER: 2002022820 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11469493
TITLE: The use of ***botulinum*** ****toxin*** -A in the treatment of patients with ***fibromyalgia***.
COMMENT: Comment on: J Rheumatol. 2000 Feb;27(2):481-4. PubMed ID: 10685817
AUTHOR: Asherson R A; Pascoe L
SOURCE: Journal of rheumatology, (2001 Jul) 28 (7) 1740.
Journal code: 7501984. ISSN: 0315-162X.
PUB. COUNTRY: Canada
DOCUMENT TYPE: Commentary
Letter
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200112
ENTRY DATE: Entered STN: 20020121
Last Updated on STN: 20020723
Entered Medline: 20011207

L4 ANSWER 14 OF 19 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
ACCESSION NUMBER: 2001253417 EMBASE
TITLE: The use of ***botulinum*** ****toxin*** -A in the treatment of patients with ***fibromyalgia*** [5] (multiple letters).
AUTHOR: Asherson R.A.; Pascoe L.; Freund B.J.
CORPORATE SOURCE: Dr. R.A. Asherson, University of Cape Town, Cape Town,

South Africa
SOURCE: Journal of Rheumatology, (2001) Vol. 28, No. 7, pp. 1740.
ISSN: 0315-162X CODEN: JRHUA
COUNTRY: Canada
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
ENTRY DATE: Entered STN: 20010802
Last Updated on STN: 20010802
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L4 ANSWER 15 OF 19 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 2001:565882 SCISEARCH
THE GENUINE ARTICLE: 451CQ
TITLE: The use of ***botulinum*** ***toxin*** -A in the
treatment of patients with ***fibromyalgia*** - Dr.
Freund replies
AUTHOR: Freund B J
SOURCE: JOURNAL OF RHEUMATOLOGY, (JUL 2001) Vol. 28, No. 7, pp.
1740-1740.
ISSN: 0315-162X.
PUBLISHER: J RHEUMATOL PUBL CO, 920 YONGE ST, SUITE 115, TORONTO,
ONTARIO M4W 3C7, CANADA.
DOCUMENT TYPE: Letter; Journal
LANGUAGE: English
REFERENCE COUNT: 0
ENTRY DATE: Entered STN: 27 Jul 2001
Last Updated on STN: 27 Jul 2001

L4 ANSWER 16 OF 19 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 2001:565881 SCISEARCH
THE GENUINE ARTICLE: 451CQ
TITLE: The use of ***botulinum*** ***toxin*** -A in the
treatment of patients with ***fibromyalgia***
AUTHOR: Asherson R A (Reprint); Pascoe L
CORPORATE SOURCE: Univ Cape Town, ZA-7925 Cape Town, South Africa (Reprint);
Rosebank Clin, Johannesburg, South Africa
COUNTRY OF AUTHOR: South Africa
SOURCE: JOURNAL OF RHEUMATOLOGY, (JUL 2001) Vol. 28, No. 7, pp.
1740-1740.
ISSN: 0315-162X.
PUBLISHER: J RHEUMATOL PUBL CO, 920 YONGE ST, SUITE 115, TORONTO,
ONTARIO M4W 3C7, CANADA.
DOCUMENT TYPE: Letter; Journal
LANGUAGE: English
REFERENCE COUNT: 10
ENTRY DATE: Entered STN: 27 Jul 2001
Last Updated on STN: 27 Jul 2001



L4 ANSWER 17 OF 19 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 2001:555813 SCISEARCH
THE GENUINE ARTICLE: 450KV
TITLE: Needling therapies in the management of myofascial trigger
point pain: A systematic review
AUTHOR: Cummings T M (Reprint); White A R
CORPORATE SOURCE: 5 Lime Ter, London W7 3HE, England (Reprint); British Med
Acupuncture Soc, London, England; Univ Exeter, Sch
Postgrad Med & Hlth Sci, Dept Complementary Med, Exeter,
Devon, England
COUNTRY OF AUTHOR: England
SOURCE: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, (JUL
2001) Vol. 82, No. 7, pp. 986-992.
ISSN: 0003-9993.
PUBLISHER: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER,
STE 300, PHILADELPHIA, PA 19106-3399 USA.
DOCUMENT TYPE: General Review; Journal

LANGUAGE: English
REFERENCE COUNT: 84
ENTRY DATE: Entered STN: 27 Jul 2001
Last Updated on STN: 27 Jul 2001

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB Objective: To establish whether there is evidence for or against the efficacy of needling as a treatment approach for myofascial, trigger point pain.

Data Sources: PubMed, Ovid MEDLINE, Ovid EMBASE, the Cochrane Library, AMED, and CISCOR databases, searched from inception to July 1999.

Study Selection: Randomized, controlled trials in which some form of needling therapy was used to treat myofascial pain.

Data Extraction: Two reviewers independently extracted data concerning trial methods, quality, and outcomes.

Data Synthesis: Twenty-three papers were included. No trials were of sufficient quality or design to test the efficacy of any needling technique beyond placebo in the treatment of myofascial pain. Eight of the 10 trials comparing injection of different substances and all 7 higher quality trials found that the effect was independent of the injected substance. All 3 trials that compared dry needling with injection found no difference in effect.

Conclusions: Direct needling of myofascial trigger points appears to be an effective treatment, but the hypothesis that needling therapies have efficacy beyond placebo is neither supported nor refuted by the evidence from clinical trials. Any effect of these therapies is likely because of the needle or placebo rather than the injection of either saline or active drug. Controlled trials are needed to investigate whether needling has an effect beyond placebo on myofascial trigger point pain.

L4 ANSWER 18 OF 19 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN DUPLICATE 5

ACCESSION NUMBER: 1998176045 EMBASE
TITLE: Treatment of painful muscle syndromes with botulinum toxin:
A review.

AUTHOR: Childers M.K.; Wilson D.J.; Galate J.F.; Smith B.K.

CORPORATE SOURCE: M.K. Childers, Dept. Physical Med. Rehabilitation,
University of Missouri-Columbia, Columbia, MO, United
States

SOURCE: Journal of Back and Musculoskeletal Rehabilitation, (1998)
Vol. 10, No. 2, pp. 89-96.
Refs: 47

ISSN: 1053-8127 CODEN: JBMRFK

PUBLISHER IDENT.: S 1053-8127(98)00007-4

COUNTRY: Ireland

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 019 Rehabilitation and Physical Medicine
037 Drug Literature Index

LANGUAGE: English

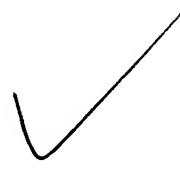
SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 19980611

Last Updated on STN: 19980611

AB Purpose: To review literature regarding clinical response to injections of
botulinum ***toxin*** type A for a variety of painful
disorders of involuntary muscular contraction. Methods: A MEDLINE search
for the headings ' ***botulinum*** ***toxin*** ', 'myofascial pain'
and 'pain' was performed for the period 1966 to September 1997. Results:
Eighteen references including 463 subjects were generated. Seven studies
included 'pain' or 'myofascial pain' within the article title, while the
remaining references reported pain response within the context of
treatment for underlying spasticity, cervical dystonia,
fibromyalgia, focal dystonia, hemifacial spasm, painful dystonia
of Parkinson's disease, pain of chronic pancreatitis, writer's cramp and
masseteric hypertrophy. Results of pain response in the cited studies
were favorable in all except in ***fibromyalgia*** and chronic
pancreatitis. The authors discuss instruments to measure pain intensity
and physical functioning for future research and introduce a new
instrument that includes self-reported pain assessment linked to joint
position. Conclusion: Evidence suggests that BTX-A effectively reduces
painful muscular contractions associated with a variety of neurologic
conditions. Further research is needed to define conditions in which
injections will be most effective.

L4 ANSWER 19 OF 19 MEDLINE on STN DUPLICATE 6
ACCESSION NUMBER: 96408191 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8813236
TITLE: ***Botulinum*** ***toxin*** is unsatisfactory
therapy for ***fibromyalgia***
AUTHOR: Paulson G W; Gill W
CORPORATE SOURCE: Department of Neurology, Ohio State University, Columbus,
USA.
SOURCE: Movement disorders : official journal of the Movement
Disorder Society, (1996 Jul) 11 (4) 459.
Journal code: 8610688. ISSN: 0885-3185.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199612
ENTRY DATE: Entered STN: 19970128
Last Updated on STN: 19970128
Entered Medline: 19961226



=> d his

(FILE 'HOME' ENTERED AT 09:29:43 ON 18 AUG 2005)

FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, AGRICOLA' ENTERED AT
09:30:09 ON 18 AUG 2005

L1 27940 S BOTULINUM (W) (TOXIN OR NEUROTOXIN)
L2 15084 S FIBROMYALGIA
L3 28 S L1 (P) L2
L4 19 DUPLICATE REMOVE L3 (9 DUPLICATES REMOVED)

=> s peripheral? or local?

L5 4454227 PERIPHERAL? OR LOCAL?

=> s l4 (P) l5

PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L40 (P) L28'

L6 5 L4 (P) L5

=> s voet m?/au

L7 124 VOET M?/AU

=> s l7 and l2

L8 3 L7 AND L2

=> duplicate remove l8

DUPLICATE PREFERENCE IS 'CAPLUS, BIOSIS'
KEEP DUPLICATES FROM MORE THAN ONE FILE? Y/(N):n
PROCESSING COMPLETED FOR L8

L9 3 DUPLICATE REMOVE L8 (0 DUPLICATES REMOVED)

=> s l9 not l4

L10 1 L9 NOT L4

=> d l10 1 ibib abs

L10 ANSWER 1 OF 1 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 2003:485601 BIOSIS
DOCUMENT NUMBER: PREV200300485601
TITLE: Methods for treating ***fibromyalgia***
AUTHOR(S): ***Voet, Martin A.*** [Inventor, Reprint Author]
CORPORATE SOURCE: ASSIGNEE: Allergan, Inc.
PATENT INFORMATION: US 6623742 20030923
SOURCE: Official Gazette of the United States Patent and Trademark
Office Patents, (Sep 23 2003) Vol. 1274, No. 4.
<http://www.uspto.gov/web/menu/patdata.html>. e-file.
ISSN: 0098-1133 (ISSN print).

DOCUMENT TYPE: Patent
LANGUAGE: English
ENTRY DATE: Entered STN: 15 Oct 2003
Last Updated on STN: 15 Oct 2003

AB Methods for treating ***fibromyalgia*** may include administering a therapeutically effective amount of a Clostridial toxin to a peripheral location on the body of a patient. This peripheral location is other than the site on the body where the pain emanates.

=> d his

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FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, AGRICOLA' ENTERED AT 09:30:09 ON 18 AUG 2005

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L6 5 S L4 (P) L5
L7 124 S VOET M?/AU
L8 3 S L7 AND L2
L9 3 DUPLICATE REMOVE L8 (0 DUPLICATES REMOVED)
L10 1 S L9 NOT L4

=> log y

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